



Virtual Healthcare Interactive Project Site Application

School Name:	
Contact Person:	Title:
Mailing Address: _____ _____	
Phone Number: (____) _____	
E-mail Address: _____	

Please provide a brief statement to include the following:

TECHNOLOGY REQUIRED - Indicate what the site has available.

Technology required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Computer & projector <input type="checkbox"/> Yes <input type="checkbox"/> No T.V. with DVD player <input type="checkbox"/> Yes <input type="checkbox"/> No EDNET broadcast system Any explanation: _____ _____
Computer & projector, T.V. with DVD player, EDNET broadcasting system	

SCHOOL INFORMATION - Indicate what applies to your site.

Daily class schedule	<input type="checkbox"/> Block Schedule <input type="checkbox"/> Trimester <input type="checkbox"/> 7/8 Day Period <input type="checkbox"/> Modified Block (Explain) _____ _____
School demographics (Rural or urban, and enrollment number in school)	<input type="checkbox"/> Rural School <input type="checkbox"/> Urban School <input type="checkbox"/> Enrollment number in school *** Rural schools may want to consider partnering with neighboring schools in order to maximize the number of participants.

EDNET FACILITATOR AND SITE INFORMATION - Indicate what applies to your site.

Site accommodation (How many people the site can accommodate)	_____ Number of people _____ Number of chairs in room _____ Number of tables in room _____ Number of microphones in room
Availability required (Both site and facilitator) Feb 5/12/26, 2007	_____ Yes _____ No Site will be available _____ Yes _____ No Facilitator will be available _____ Yes _____ No Facilitator will be present
Equipment usage (How often the EDNET equipment is used)	_____ Daily _____ Weekly _____ Monthly _____ Other (Explain) _____ _____
Equipment quality	_____ EDNET equipment works excellently _____ EDNET equipment works well _____ EDNET equipment has difficulty _____ EDNET equipment is in bad condition

CURRICULUM INFORMATION - Please complete the following.

HOSA or other leadership programs integrated into program	_____ HOSA _____ Other (Explain) _____ _____ _____
Total number of health science courses taught at school, enrollment numbers for each class, and grade taught.	List class taught, enrollment numbers in class, and grade taught. _____ _____ _____ _____ _____ _____

Explain how this project will benefit your students.

How will this project address the goals and objectives of your course/s taught?

How will this project be integrated into your curriculum?

What is the facilitator's experience in EDNET and classroom management?

*** Please remember that this request is an indication of your interest in the project and many additional factors will be considered in selecting schools to participate. We want to select groups that see this project as curricular enhancement rather than a replacement.

Applicant Signature _____ Date _____

EDNET Facilitator Signature _____ Date _____

CTE Director Signature _____ Date _____

Principal Signature _____ Date _____